



## **XELJANZ PA SUMMARY**

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 6 months initially; 1 year for renewal

**PA CRITERIA:**

- ❖ Approvable for the diagnosis of moderately to severely active Rheumatoid Arthritis (RA) in members 18 years of age and older
- ❖ Provider should submit documentation of trial and failure of methotrexate in combination with an anti-TNF (tumor necrosis factor) biologic for at least 3 months.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.